

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 10-17-2025

Ending Date: 12-31-2025

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

<u>Dianna L. Biancheria</u> Candidate Full Name (if applicable)
<u>School Committee Dist C</u> Office Sought and District
<u>8 Ventura Road</u> Residential Address
E-mail: <u>dbiancheria@charter.net</u>
Phone # (optional): <u>508 8684212</u>

<u>CTE Dianna L. Biancheria</u> Committee Name
<u>Stephanie Watson</u> Name of Committee Treasurer
<u>8 Ventura Road</u> Committee Mailing Address
E-mail: <u>dbiancheria@charter.net</u>
Phone # (optional): <u>508 8684212</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

3124.70

Line 2: Total receipts this period (page 3, line 11)

3575.95

Line 3: Subtotal (line 1 plus line 2)

6700.65

Line 4: Total expenditures this period (page 5, line 14)

4468.72

Line 5: Ending Balance (line 3 minus line 4)

2231.93

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: Berkshire Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Stephanie Watson

(Treasurer's signature)

Date: Jan 1-2026

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Dianna L. Biancheria

(Candidate's signature)

Date: Jan 1-2026

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-31	TERESA BLAIR 8 HERITAGE HILL DR RUTLAND MA	500.	CPA BLAIR CONSTRUCTION RUTLAND MA
10-31	DIRENZO JOHN PO BOX 52 MILLBURY MA	250	PRESIDENT DIRENZO TOWING & RECOVERY
10-31	FALCONE, JOSEPH 82 ALVARADO AVE WORC MA	100	FALCONE RUBICK PRESIDENT
10-31	Gallo, Robert BALIARCIACKE Holden MA	1000.	Self-employed Real Estate Developer
10-31	Giangrande, Michele 26 Angelost WORC MA	50	
10-31	Haddad, Pamela 14 SATURN DR Shrewsbury MA	100	
10-24	MATT Mankiewicz 19 YORKSHIRE DR Lynnfield MA	200	CEO Kajem Foods Inc
10-31	MURRAY, Timothy 11 Kinsacuti Rd WORC MA	200	CEO/attorney Worcester Regional Chamber
10-31	PETRONE, Anthony 16 KELSEY DR Worcester MA	100	Worcester Police Dept
10-31	Oliveri, Anthony 13 Marjorie ST WORC MA	100	
10-31	Piccolo, John 12 GOVERNORS ST WORC MA	115.95	
10-31	PEZZELLA, Robert 42 GreenCourt ST WORC MA	125	Retired

Line 9: Total Receipts over \$50 (or listed above)

2840.95

Line 10: Total Receipts \$50 and under* (not listed above)

SEE PAGE
3

Line 11: TOTAL RECEIPTS IN THE PERIOD

SEE PAGE
3

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-31	Russell, Nancy 30 MISCOE RD WORCESTER MA	100.	
10-31	Simoncini, MaryJane 416 BOSTON TPK Shrewsbury MA	100.	

Line 9: Total Receipts over \$50 (or listed above)

206

Line 10: Total Receipts \$50 and under* (not listed above)

535.⁰⁰

Line 11: TOTAL RECEIPTS IN THE PERIOD

3575.95

Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS 				

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED
CESTER CITY CLERK

Office of Campaign and Political Finance

2025 OCT 27 PM 4:41

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 10-22-25

Ending Date: 10-17-25

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Dianna L Blancheria

Candidate Full Name (if applicable)

School Committee DIST C

Office Sought and District

8 VENTURA ROAD

Residential Address

E-mail: diBiancheria@CHARTER.NET

Phone #: 508 868 4212

CTE Dianna L Blancheria

Committee Name

Stephanie Watson

Name of Committee Treasurer

8 Ventura Rd

Committee Mailing Address

E-mail: diBiancheria@CHARTER.NET

Phone #: 508 868 4212

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1479. -

Line 2: Total receipts this period (page 3, line 12)

4955.59

Line 3: Subtotal (line 1 plus line 2)

6434.59

Line 4: Total expenditures this period (page 5, line 15)

3309.89

Line 5: Ending Balance (line 3 minus line 4)

3124.70

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

Berkshire Bank Main St

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Stephanie Watson

(Treasurer's signature)

Date: 10-27-25

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Dianna L Blancheria

(Candidate's signature)

Date: 10-27-25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7-21	AZZARONE, Gerald 1045 HARBORVIEW ST	100	
6-10	Bianculli, Legion Janice Adams T	75	
6-10	Ciuffreda, LENNY 289 Harrington Way	100	
6-10	Defrosio, Cheryl St Joseph St	100	
6-10	DiGORNO JAMES 25 White DR	100	
7-13	ECONOMOU, Philip Sun Valley DR	100	
6-10	FALCONE, DANIELLE 8 Alverado Ave	150	
6-10	Fisher, CHARON PO Box 20039	100	
6-10	Foley JOHN 186 FAIRMONT ST	100	
6-10	GARDELLA, Edward 5 Russel/Calvin DR	60	
6-10	GANGRANDE, Michele 26 Angelo St	100	
6-10	GIACUSSO, Philip 7 Westview DR	100	
9-13	GRIMALDI, SANDRA 18 Edison St	75	

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8-18	ILLOE LOCAL NO 4 16 TROTTER DR MEDWAY	500	UNION
6-10	MICHAEL LANAUZ 877 GROVE ST	200	MASS LOTTERY - EMPLOYEE - OFFICE MANAGER
8-18	LASAPIA, JOSEPH 738 PLEASANT ST	100	
6-10	MORRONE, LINDA 382 Hamilton	100	
7-16	NEW ENGLAND LABORERS 7 LABORERS WAY HOPKINTON	500	UNION
6-10	PETRONE Anthony 16 Kelsey Dr	100	
6-10	PEZZANILLA Paul 197 COMMONWEALTH AVE BOSTON	150	
6-10	PEZZANILLA, ROBERT 426 GREENCAVE ST	200	RETIRED
7-15	PLUMBERS & PIPE FITTERS LOCAL 4 - 150 HARTWELL ST WEST BOYLSTON	250	UNION
6-10	RAWAN, BRUCE 5 AYRSHIRE RD	100	
6-10	SIMONE JOSEPH 20 TORONTO AVE	100	
8-18	SIMONCINI, KENNETH 415 BOSTON TURNPIKE ST 315 SHRUBSBURY	100	
8-10	SOUCY, SHANEL 12 MORNINGSIDE RD WORCESTER	285.59	ELECTRICIAN -
8-22	TEAMSTERS EDUCATION FUND LOCAL 170 DRIVE FUND RT 20	200	UNION
6-10	WORCESTERS COUNTY ITALIAN CULTURAL 35 - NATURAL HISTORY DR	150	
Line 10: Total Receipts over \$50 (or listed above)	4295.59	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.	
Line 11: Total Receipts \$50 and under (not listed above)	660		
Line 12: TOTAL RECEIPTS IN THE PERIOD	4955.59	← Enter on page 1, line 2	

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3-9	Albie 38 Union St Westfield	Westfield MASS 38 Union St	PRINTING	175.00
8-29	UNION AFL-CIO UNION	400 Washington St AUBURN	DONATION EVENT	100-
9-22	FOUNDATION 200	59 AR Beaver St Framingham	Flagg Donation	100.-
10-20	PRINT SOURCE GROUP	102 Weatherstone Drive	PRINTING	1824.30
3-9	ST PATRICK Parade Committee	PO BOX 20708	DONATION	75
9-29	Shrewsbury St Italian Heritage Parade Comm	Amanola Ave	DONATION	500.
9-15	Shrewsbury St Italian HERITAGE Parade Comm	Amanola Ave	DONATION	250.
10-15	VETERAN New Hope	70 Janes St	DONATION	285.59

SCHEDULE B: EXPENDITURES (continued)

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over \$50 (or listed above)

3309.89

Line 14: Expenditures \$50 and under (not listed above)

Enter on page 1, line 4 →

Line 15: TOTAL EXPENDITURES IN THE PERIOD

3309,89

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)

Line 17: In-Kind Contributions \$50 and under (not listed above)

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Enter on page 1, line 7 →

Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above)

Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)

Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD

* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.

← Enter on page 1, line 8